

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/556717

FILING DATE

13 DEC 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		1		1		
5		0		1		
6	1		1			
7		1		1		
8		2		1		
9		2		1		
10		0		1		
11		0		1		
12		0		1		
13	1		1			
14		1		1		
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50						
TOTAL IND.	3		3			
TOTAL DEP.	14		19			
TOTAL CLAIMS	17		22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY